

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|------------|--|
| <b>ORDER FOR SUPPLIES OR SERVICES</b><br>(Contractor must submit four copies of invoice.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  | Form Approved<br>OMB No. 0704-0187<br>Expires Jun 30, 1997        |                                                       | PAGE 1 OF<br><b>5</b>                                                                                                                                        |                            |                                 |            |  |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| <b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b><br><b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| 1. CONTRACT/PURCH ORDER NO.<br><b>SPM700-02-G-0007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                  | 2. DELIVERY ORDER NO.<br><b>0086</b> |                                                                                                                                                                                                  | 3. DATE OF ORDER (YYMMDD)<br><b>2004 OCT 04</b>                                                                  |                                                                   | 4. REQUISITION/PURCH REQUEST NO.<br><b>0010692974</b> |                                                                                                                                                              | 5. PRIORITY<br><b>DOA1</b> |                                 |            |  |
| 6. ISSUED BY<br>CODE <b>SP0400</b><br><b>Defense Supply Center Richmond</b><br><b>ATTN: DSCR Procurement</b><br><b>8000 Jefferson Davis Highway</b><br><b>Richmond, Virginia 23297-</b><br><b>Local Administrator: PAROFA6 (804)279-6639 / FAX: (804)279-1679</b><br><b>E-mail: mandy.lambert@dla.mil</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                  |                                      | 7. ADMINISTERED BY (If other than 6)<br>CODE <b>S3306A</b><br><b>DCMA SYRACUSE</b><br><b>615 ERIE BLVD WEST</b><br><b>315 423 8594</b><br><b>SYRACUSE NY 13204-2408</b><br><b>CRITICALITY: C</b> |                                                                                                                  |                                                                   |                                                       | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br>(See Schedule if other)                                     |                            |                                 |            |  |
| 9. CONTRACTOR<br>CODE <b>70236</b><br><br><b>TACTAIR FLUID CONTROLS INC.</b><br><b>4806 WEST TAFT ROAD</b><br><b>LIVERPOOL NY 13088-5596</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                  |                                      | FACILITY CODE                                                                                                                                                                                    |                                                                                                                  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>2005 MAR 03</b> |                                                       | 11. MARK IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                            |                                 |            |  |
| NAME AND ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                  |                                      | 12. DISCOUNT TERMS<br><b>NET 30 days</b>                                                                                                                                                         |                                                                                                                  | 13. MAIL INVOICES TO<br><b>See Block 15</b>                       |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| 14. SHIP TO<br>CODE<br><b>See Schedule - Do Not Ship to Address in Block 6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                  |                                      | 15. PAYMENT WILL BE MADE BY<br>CODE <b>SL4701</b><br><b>DFAS BVDP (SL4701)</b><br><b>P.O. BOX 369031</b><br><b>COLUMBUS OH 43236-9031</b>                                                        |                                                                                                                  |                                                                   |                                                       | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER                                                                                                   |                            |                                 |            |  |
| 16. TYPE OF ORDER<br>DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/><br>This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your <b>SPM407-04-Q-0227</b> and furnish the following on terms specified herein.<br><b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>                                                                                                                                          |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYMMDD)<br><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><br><b>Other: BX:97X 4930 5CBX 001 2630 S33189</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                  |                                      |                                                                                                                                                                                                  |                                                                                                                  |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| 18. ITEM NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 19. SCHEDULE OF SUPPLIES/SERVICE |                                      |                                                                                                                                                                                                  | 20. QUANTITY ORDERED/ACCEPTED*                                                                                   |                                                                   | 21. UNIT                                              |                                                                                                                                                              | 22. UNIT PRICE             |                                 | 23. AMOUNT |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                  |                                      |                                                                                                                                                                                                  | <b>TOTAL:</b><br><b>5</b>                                                                                        |                                                                   |                                                       |                                                                                                                                                              |                            |                                 |            |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                  |                                      |                                                                                                                                                                                                  | 24. UNITED STATES OF AMERICA <b>Patricia McMahon</b><br>BY: <i>Patricia McMahon</i><br>PAROFC2                   |                                                                   |                                                       | 25. TOTAL<br><b>\$ 1095.00</b>                                                                                                                               |                            |                                 |            |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED<br>DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                  |                                      |                                                                                                                                                                                                  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                                                                   |                                                       | 32. PAID BY                                                                                                                                                  |                            | 33. AMOUNT VERIFIED CORRECT FOR |            |  |
| 36. I certify this account is correct and proper for payment.<br>DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                  |                                      |                                                                                                                                                                                                  | 30. INITIALS                                                                                                     |                                                                   |                                                       | 34. CHECK NUMBER                                                                                                                                             |                            | 35. BILL OF LADING NO.          |            |  |
| 37. RECEIVED AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 38. RECEIVED BY (Print)          |                                      | 39. DATE RECEIVED (YYMMDD)                                                                                                                                                                       |                                                                                                                  | 40. TOTAL CONTAINERS                                              |                                                       | 41. S/R ACCOUNT NUMBER                                                                                                                                       |                            | 42. S/R VOUCHER NO.             |            |  |

## CONTINUATION SHEET

Order Number:

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Packaging - Inspection and Acceptance Address:  
4K868

WEATHER PRODUCTS CORP.  
102 W DIVISION ST  
SYRACUSE NY 13204-1470

ALL TERMS AND CONDITIONS REMAIN THE SAME IN ACCORDANCE WITH BOA CONTRACT  
NUMBER SPM700-02-G-0007.

PLANT LOCATION SAME AS BLOCK 9, PAGE 1.

INSPECTION OFFICE SAME AS BLOCK 7, PAGE 1.

PACKAGING WILL TAKE PLACE AT CAGE 4K868

POC AT DSCR - MANDY LAMBERT - PH: 804-279-6639 FAX: 2420

## CONTINUATION SHEET

Order Number:

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## SECTION B

PR 0010692974  
NSN 1650-00-723-0293

## ITEM DESCRIPTION:

CAP, VALVE  
TACTAIR FLUID CONTROLS INC. CAGE 70236  
P/N HP610122  
IDENTIFY TO:

MARK IAW MIL-STD-130K, DATED 15 JAN 00.  
CONFIGURATION CONTROL APPLIES  
SEE CLAUSE 52.246-9G36 (SECTION I).  
TECH DATA PACKAGE AVAILABILITY

DSCR DOES NOT CURRENTLY HAVE AN APPROVED  
TECHNICAL DATA PACKAGE AVAILABLE FOR THIS NSN.  
PLEASE DO NOT SUBMIT REQUEST TO DSCR-VABA.

## CRITICAL APPLICATION ITEM

TACTAIR FLUID CONTROLS INC. (70236) P/N HP610122

I/A/W QAP QAP-003  
REFNO  
AMEND NR 00 DTD 97 JUL 01  
TYPE NUMBER:

| <u>ITEM</u> | <u>PR</u>  | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | 0010692974 | 0001        | 5               | EA          | \$219.00000       | \$1095.00     |

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = 10: CLNG/DRY = 1: PRESV MAT = 00:  
WRAP MAT = 00: CUSH/DUNN MAT = 00: CUSH/DUNN THKNESS = 0:  
UNIT CONT = BV: OPI = 0:  
INTRMDTE CONT = E5: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - No special marking  
PALLETIZATION SHALL BE IN ACCORDANCE WITH MD00100452 REV A

CONTINUED ON NEXT PAGE

## SECTION B

DATED 4090

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: DESTINATION BY: 2005 MAR 03

PARCEL POST/FREIGHT ADDRESS:

W25G1U  
XU TRANSPORTATION OFFICER  
DDSP NEW CUMBERLAND FACILITY  
BUILDING MISSION DOOR 113 134  
NEW CUMBERLAND PA 17070-5001  
US

NON-MILSTRIP  
PROJ

\* \* \* \* \*

CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

\* \* \* \* \*